

Activity Date: _____

Date Requested: _____

**New Albany School District
Federal Programs Department
GOODS
Requisition Form
(Revised February 22, 2022)**

L Stubblefield will select the funding source:

Title I

Title II

Title IV

ESSERI II ARP

Other _____

Name: _____ Email: _____

School: _____ Position: _____

Location of Activity: _____

Targeted Audience: _____

Vendor's Name: _____ Vendor's Ph #: _____

Vendor's Address: _____ Vendor's Fax #: _____

Vendor's Website: _____

Vendor's Contact and Email: _____

****FOR FEDERAL PROGRAMS PURCHASES OF \$5000 OR GREATER: YOU MUST include SIGNED AND DATED copies QUOTES from 2 vendors used to determine that the selected items were at a reasonable cost.*

Check the appropriate funding category.

- pre-kindergarten instructional parental involvement high school instructional
- kindergarten instructional professional development
- elementary school instructional middle school instructional

Does the school or district really need this item/service? YES NO

Is the expense targeted to a valid programmatic/administrative need? YES NO

Is this the minimum amount we need to spend to meet our needs? YES NO

Do we have the capacity to use what we are purchasing? YES NO

If we were asked to defend this purchase, would we be able to? YES NO

Did we pay a fair rate? YES NO

QTY.	ITEM#	Description	Unit Price	Total Price

Principal Signature _____ Date: _____

Federal Programs Director _____ Date: _____